## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## GENOTYPING ASSAY TO PREDICT CYP3A5 PHENOTYPE

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[	] was as I	filed onnternational Application No	
identifie above.	hereby stated Specification	ate that I have reviewed and understand the contaction, including the claims, as amended by any	ntents of the above- amendment referred to
of this a	I acknowle	dge the duty to disclose information which is in accordance with Title 37, Code of Federal	material to the examination Regulations, 1.56(a).
(a)-(d) (§365(a) than the	or § 365(b) of any PC e United St c, any foreitional appli	aim foreign priority benefits under Title 35, Up of any foreign application(s) for patent or inverted international application which designated attacks of America, listed below and have also idean application for patent or inventor's certification having a filing date before that of the a	the teast one country other lentified below, by checking ate, or of any PCT
is clain		PRIOR FOREIGN FILED APPLICATION	

States provisional application(s) listed below.

APPLICATION NUMBER(S)

FILING DATE (MM/DD/YYYY)

60/279,915

March 29, 2001

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application No.

PCT Parent Number Parent Filing (MM/DD/YYYY)

Parent Patent Number (if applicable)

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from ST. JUDE CHILDREN'S RESEARCH HOSPITAL as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

I hereby appoint as my attorneys or agents the registered persons identified under

## Customer No. 23565

for the law firm of Klauber & Jackson, said attorneys or agents with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to **Customer No.** 23565.

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Direct all telephone calls to David A. Jackson at (201) 487-5800.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of

the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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